Assisted Human Reproduction Canada

2011-12

Report on Plans and Priorities

The Honourable Leona Aglukkaq
Minister of Health

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Minister's Message

It is my pleasure to present the 2011-2012 Report on Plans and Priorities for Assisted Human Reproduction Canada (AHRC), the federal regulatory agency that was established to protect and promote the health, safety, dignity and rights of Canadians who use or are born of assisted human reproduction (AHR) technologies.

On December 22, 2010 the Supreme Court of Canada rendered its opinion on the constitutionality of certain sections of the AHR Act. That opinion confirmed the role of the Government of Canada in relation to the prohibited activities set out in the Act and of informing all Canadians on matters relating to AHR, including risk factors associated with infertility, while finding that provisions yet to be brought into force relating to licensing and collection of health reporting information belong to the provinces and territories.

The Government of Canada will continue the judicious use of its funds in ensuring that its activities are carried out in a cost effective manner. Authorized spending projections included in this RPP are subject to revisions following the Government of Canada's deliberations about the manner of oversight of those provisions of the AHR Act which are in force in light of the Supreme Court of Canada's opinion on December 22, 2010. In 2011-2012, the Government of Canada will take steps to meet its continuing responsibilities under the Act, as well as advancing the health, safety, dignity and rights of Canadians building their families through assisted reproductive technologies and of those born from such technologies.

The Honourable Leona Aglukkaq
Minister of Health

Section I: Departmental Overview

Raison d'être and Responsibilities

In vitro fertilization, which resulted in the birth of the first baby born from such assisted reproductive technology in 1978 has since enabled millions to build their families. Since that scientific breakthrough, various forms of reproductive technology have quickly evolved, some of which can pose health and safety risks to patients, donors, and children born of assisted human reproduction (AHR) and may challenge Canadians' values and ethical standards.

In 1993, the Royal Commission on New Reproductive Technologies, called on the Government of Canada to ban activities such as human cloning, payment for sperm or eggs and commercial surrogacy and to establish an Agency to provide a safe and ethical framework for AHR activities and related research in Canada. In 2006, Assisted Human Reproduction Canada (AHRC) was established under the Assisted Human Reproduction Act (AHR Act).

Assisted Human Reproduction Canada is responsible for implementing and enforcing the AHR Act. Part of the Government of Canada Health Portfolio, it reports to Parliament through the Minister of Health. The Agency's objectives are to protect and promote the health, safety, dignity and rights of Canadians who use or are born of assisted human reproductive technologies. It fosters an environment in which ethical principles are applied in all matters related to AHR while promoting scientific advances that benefit Canadians. It also serves as a national centre of expertise on AHR and a focal point for information about reproductive technologies for policy makers, health professionals, patients and all Canadians. Furthermore, the Agency is a single, centralized, integrated pan-Canadian organization that keeps abreast of research and innovations in AHR thus promoting the healthiest and safest technologies for Canadians who will build their families using AHR.

As the 2010 Speech from the Throne noted, "regardless of profession or trade, of industry or region, Canadians have always striven toward a common objective – to make a home and nurture a family." Canadians who turn to AHR to achieve this objective can rely on AHRC to give them the accurate, unbiased information relating to assisted reproductive technologies in order to assist them in making informed choices; and they can take comfort that its facilitation of the uptake of best practices by clinics and professional associations across the country can play a critical role in protecting their health – and the health of the Canadian population.

On December 22, 2010 the Supreme Court of Canada (SCC) rendered its opinion regarding the constitutionality of certain sections of the AHR Act. As a result, provisions that relate to the prohibitions under the Act – including the prohibition on sex selection,

commercialization of an individual's reproductive capabilities and the requirement for the donor's consent to use their gametes or in vitro embryos remain constitutional. The Supreme Court's decision recognizes the need for, and enforcement of, the prohibitions, reinforces the importance of work with the AHR community in Canada to assist them with adhering to the principles and provisions of the AHR Act and the provision of information to all Canadians on issues relating to AHR and infertility.

It is important to note that the vast majority of the Agency's work to date to enhance public education and leverage higher professional standards is consistent with the SCC decision. For example, through knowledge sharing and moral suasion, the Agency catalyzed a concrete commitment from the two key professional bodies to decrease the rate of AHR-associated multiple births in Canada. This commitment is public, comes with clear benchmarks and targets, and is sustainable with the ongoing secretariat support provided by AHRC. Knowledge transfer is also key for patients and the general public; there are many misconceptions, for example, about the causes of infertility and about AHR-related health risks.

To gain further insight, AHRC-sponsored research under Statistics Canada's most recent Canadian Community Health Survey revealed that the infertility rate in Canada has doubled (16% vs. 8%) over the past two decades. This finding underscores the pervasiveness of reproduction-related challenges confronting Canadians and the need for a centre of expertise to which they can obtain credible and evidence-based information on various aspects of reproductive technologies.

As the Government of Canada considers the SCC decision, AHRC continues to:

- Serve as a national Centre of Expertise on assisted human reproduction (AHR) operating as a single, centralized, integrated, pan-Canadian organization. AHRC will keep abreast of research and innovations in AHR, promote the safest and healthiest technologies for Canadians who will build their families using AHR and increase the application of knowledge for society leading to improved health outcomes;
- Promote compliance with and enforce the AHR Act related to the prohibitions;
- Monitor and evaluate scientific and clinical developments within Canada and internationally on AHR;
- Transfer knowledge to health professionals and provide educational materials to inform patients and the general public on aspects of AHR, particularly risk factors associated with infertility as well as AHR technology options;
- Liaise with other jurisdictions, professional bodies, patient groups and other associations with an interest in the quality, safety and ethical practices of AHR, to share and promote adoption of best practices across the country; and
- Engage stakeholders and monitor AHR issues related to health, safety, dignity and rights.

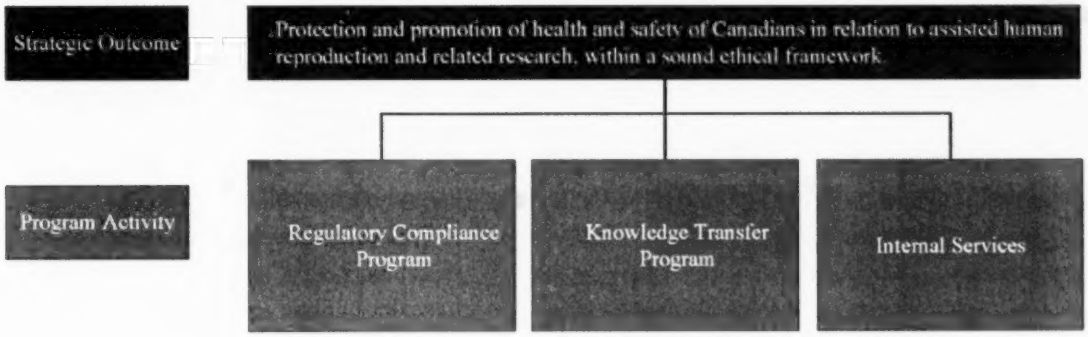
These activities contribute to the Government of Canada's whole-of-government framework commitment to "Healthy Canadians" by helping to maintain and improve Canadians' health.

Strategic Outcome and Program Activity Architecture (PAA)

In advancing this progressive mandate, the Agency is striving to achieve the following strategic outcome:

Protection and promotion of health and safety of Canadians in relation to assisted human reproduction and related research, within a sound ethical framework.

The chart bellow illustrates Assisted Human Reproduction Canada's complete framework of program activities, which roll up and contribute to progress toward the Agency's strategic outcome.


Strategic Outcome
Protection and promotion of health and safety of Canadians in relation to assisted human reproduction and related research, within a sound ethical framework
Program Activity
Regulatory Compliance Program
Knowledge Transfer Program
Internal Services

PAA Crosswalk

AHRC sought, and received approval from Treasury Board, to amend its Program Activity Architecture (PAA) to ensure that a statutory part of the Agency's ongoing work related to Knowledge Transfer is included in the PAA. This facilitates transparency and reporting, thereby supporting accountability to Canadians. The guiding principles set out in the AHR Act are built into all of AHRC's strategic directions and action items related to assisted human reproduction. This reflects the importance of integrating ethical considerations into all aspects of the Agency's work, in keeping with the objective set out in the AHR Act "to foster the application of ethical principles."

Planning Summary

Since its inception, AHRC's expenditures have been well below its annual parliamentary allocation of $10.5 million. While AHRC is authorized to spend $10.5 million, the Agency anticipates its expenditures will be less than $5 million for 2011-12.

The following table summarizes AHRC's total authorized spending for the next three fiscal years. Note that the Agency received no funding under Canada's Economic Action Plan.

Financial Resources

2011–12	2012–13	2013–14
10.5	10.5	10.5

The Agency has been authorized to staff 44 employees (FTEs). This table summarizes AHRC's total authorized human resources for the next three fiscal years. The Agency anticipates to staff approximately 15 employees (FTEs) in 2011-12.

Human Resources (Full-time Equivalent – FTE)

2011–12	2012–13	2013–14
44	44	44

Strategic Outcome: Protection and promotion of health and safety of Canadians in relation to assisted human reproduction and related research, within a sound ethical framework.	
Performance Indicators	**Targets**
• The Compliance and Enforcement framework for assisted human reproduction including complaint management is fully implemented and managed. • Operational guidelines to administer the Assisted Human Reproduction Act and its associated regulations are well developed and understood and adhered to by the stakeholder community.	• 100% of complaints assessed and addressed. • Timely and accessible compliance information on the administration of the AHR Act to 100% of the known stakeholder community. • Monitoring, assessing and taking corrective action with respect to the prohibitions. • Increased collaboration and consultation between governments and stakeholders to advance key AHR health and safety issues and facilitate best practices year over year, collectively working to safeguard Canadians who build their families using AHR and those born of the technologies.
• Stakeholders are knowledgeable and engaged in AHR issues and activities. • Stakeholders are applying evidence-based decision making leading to improved health outcomes. • The AHR community shares and exchanges best practices related to principles and science for the benefit all Canadians.	• 70% of stakeholders indicate increased knowledge as a result of tools developed, materials published and meetings/forums facilitated by AHRC. • Increased number of partnerships and engagement with stakeholders. • Increased number of stakeholders using or applying evidence-based tools coordinated by AHRC. • Working with the AHR community, decrease the twin rate to 25% in all clinics in Canada by 2012. • Increased number of papers, abstracts and presentations on AHR topics.
• Support the needs of programs and other corporate obligations of the organization.	• Success of program areas to deliver the Agency's strategic outcome and to achieve their PAA targets.

Program Activity	Forecast Spending 2010–11	Authorized Spending			Alignment to Government of Canada Outcomes
		2011–12	2012–13	2013–14	
Regulatory Compliance Program	4.3	4.3	4.3	4.3	Healthy Canadians
Knowledge Transfer Program	2.6	2.6	2.6	2.6	Healthy Canadians
Internal Services	3.6	3.6	3.6	3.6	
Total Authorized Spending	10.5	10.5	10.5	10.5	

Note: The Treasury Board authorized spending for the Fiscal Year 2010-11 is $10.5 million, yet the Agency forecasts to spend approximately:

- Regulatory Compliance Program: $1.5 million
- Knowledge Transfer Program: $1.4 million
- Internal Services: $2.4 million

Total $5.3 million

Contribution of Priorities to Strategic Outcome

Operational Priorities	Type	Links to Strategic Outcome(s)	Description
Promote and enforce the legislation and regulations (prohibitions and consent to use).	Ongoing	SO 1	Clarify various aspects of the prohibitions including the prohibition on sex selection, commercialization of reproductive capabilities and the consent to use regulations in order to develop comprehensive tools to inform and assist relevant parties and the public in understanding and complying with the prohibitions.
			Identify, communicate and carry out compliance monitoring activities regarding the prohibitions. Collaborate with law enforcement authorities and professional bodies to educate them about, and engage them in enforcing, as necessary, the prohibitions of the AHR Act.
Foster the application of ethical principles in all facets of AHR activity.	New	SO 1	Establish mechanisms and networks to provide guidance and facilitate best practices that protect and promote the rights and dignity of those impacted by AHR.
			Integrate ethical considerations, aligned with Canadian values, into all its relevant activities to reflect

			the sensitive nature of AHR and to uphold the rights and dignity of those who use or are born of AHR technologies.
AHRC is a Centre of Expertise on AHR.	Ongoing	SO 1	Continue to develop strategic relationships domestically and internationally to exchange AHR- related information/knowledge to facilitate national consensus and best practices that are evidence-based to safeguard health and safety while protecting values and ethics.
			Serve as a single, centralized, integrated, pan-Canadian entity keeping abreast of research and innovations in AHR, assessing evidence regarding health and safety risks, and disseminating knowledge to professionals, patient groups and the general public.
			Expand and enhance education and outreach activities accessible to all Canadians to raise awareness of infertility risks and inform of potential risks associated with AHR technologies.

Management Priorities	Type	Links to Strategic Outcome(s)	Description
Internal Management	Ongoing	SO 1	The Agency has developed its planning and reporting instruments, including Board of Directors strategic planning and Integrated Business and Human Resources planning and reporting, which it will continue to maintain. Planning and reporting is aligned with the PAA, with increased emphasis on performance measurement and data collection and a Performance Management and Evaluation Plan.
Human Resources	Ongoing	SO 1	As the Agency evolves, staffing continues to be aligned based on its role and responsibilities.
Financial Management	Ongoing	SO 1	AHRC's Internal Financial Control framework is used to maintain prudent financial management. AHRC is committed to continuing the judicious use of its funds on ensuring that its activities are carried out in a cost-effective manner.

Risk Analysis

In a field as complex and fast-changing as assisted human reproduction, AHRC inevitably faces both challenges and opportunities that can adversely or positively impact its ability to achieve the organization's strategic outcome. What remains constant is that the extraordinary rate of change in the field of assisted human reproduction poses health and safety risks to Canadians who use or are born of assisted human reproductive technologies.

It is essential that Canada keeps pace with these developments, continually scanning the horizon to identify the latest scientific developments and their health implications, developing credible, evidence-based health information and liaising with other jurisdictions engaged in these issues, domestically and internationally, to reduce the risks to Canadians' health and safety such that these technologies are used in a way that reflects the values and ethics of Canadians.

A number of external forces point to the need for continued vigilance in promoting compliance with the AHR Act. There has been a doubling of the infertility rate in Canada over the past two decades which is mirrored in the increasing demand for AHR options among Canadians. Growing numbers of AHR users are travelling to foreign destinations to access AHR services, which presents both health risks for patients and their offspring and health costs for Canadian society.

The rapid evolution in technological advances also presents ethical and social challenges for many Canadians, stressing the importance of integrating ethical considerations into AHR activities. Canadians want assurance that these technological innovations are consistent with their values. Achieving a balance that upholds Canadians' ethical standards and which promotes the rights and dignity of AHR users and offspring is paramount.

An increased focus on knowledge transfer is all the more important in light of the recent ruling by the Supreme Court of Canada regarding federal areas of jurisdiction related to AHR. Other parties will need to address Canadians expectations for oversight in the field of AHR that falls outside of federal jurisdiction. As a national centre of expertise AHRC can offer support and share best practices to these interested parties.

As the Government of Canada considers the SCC decision, the Agency will continue to leverage the Science Advisory Panel's expertise and conduct environmental scanning as well as focus resources on short term projects to monitor science and the international environment. AHRC will fortify its international partnerships to enhance knowledge exchange and best practices through activities such as the Collaborative Discussion on Cross-Border Reproductive Care. It will also establish mechanisms and networks to provide guidance and facilitate best practices that promote the rights and dignity of those who use or are born of AHR technologies, as well as increasingly integrate ethical

considerations, aligned with Canadians' values, into its science, compliance and outreach activities.

Upholding the AHR Act will address the publics' expectations as AHRC manages its program activities and resources. The Agency will continue to liaise with stakeholders, including AHR professionals, to promote compliance with and enforce the AHR Act and to transfer knowledge on the latest developments in AHR. It will put a special emphasis on outreach activities aimed at patient groups to obtain feedback on the requirements for, and content of, public information material and provide educational materials to inform patients and the general public about the prohibitions, AHR technologies, and infertility risks.

As such, AHRC will serve as a national Centre of Expertise on assisted human reproduction (AHR) operating as a single, centralized, integrated, pan-Canadian organization. AHRC will keep abreast of research and innovations in AHR and promote the safest and healthiest technologies for Canadians who will build their families using AHR. This will increase the application of knowledge for society leading to improved health outcomes.

AHRC continues to manage its human resource needs in a flexible and responsive manner, while facing the same challenges as other small Agencies of attracting and retaining skilled and specialized staff. Monitoring on a quarterly basis of its Integrated Business, Human Resource Plan and Resource Strategy enables AHRC to respond to the evolving needs of the organization. Implementation of its Knowledge Management Strategy allows the Agency to retain corporate memory and knowledge as it undergoes transition. Diligent resource and operational planning will ensure the continued efficiency and effectiveness of the Agency.

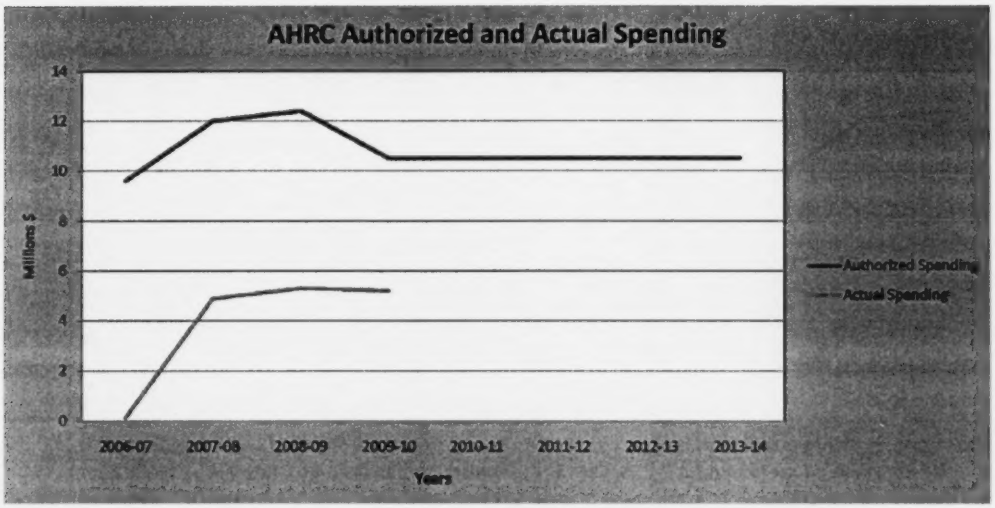
In addition, AHRC is committed to continuing the judicious use of its funds by ensuring that its activities are carried out in a cost-effective manner through prudently utilizing resources within the health portfolio and monitoring value added in relation to expenditures.

AHRC developed an Interim Corporate Risk Management Plan to identify the risks and mitigate operational challenges. The Risk Management Plan is monitored and updated regularly to respond to changing circumstances.

Expenditure Profile

AHRC adheres to prudent fiscal management principles, and intends to spend less than its authorized $10.5 million for the 2011-12 Fiscal Year to achieve the expected results of its program activities in order to attain its strategic outcome. It is projected to spend approximately $5 million with a staff complement of approximately15 FTEs.

The figure below illustrates the Agency's authorized funding level from its inception in 2006-07 through to 2013-14. For the 2006-07 to 2009-10 period, the actual spending includes all Parliamentary appropriations.



Estimates by Vote

For information on our organizational votes and/or statutory expenditures, please see the 2011–12 Main Estimates publication. An electronic version of the Main Estimates is available at http://www.tbs-sct.gc.ca/est-pre/20112012/me-bpd/toc-tdm-eng.asp

Section II: Analysis of Program Activities by Strategic Outcome

Strategic Outcome

Protection and promotion of health and safety of Canadians in relation to assisted human reproduction and related research, within a sound ethical framework.

This section describes AHRC's program activities for 2011-12, identifying the expected results, performance indicators and targets. It outlines how the Agency plans to achieve the expected results and identifies both financial and non-financial resources that will be dedicated to each Program Activity.

These include:

- Regulatory Compliance
- Knowledge Transfer
- Internal Services

Program Activity: Regulatory Compliance Program

Program Activity : Regulatory Compliance Program					
Human Resources (FTEs) **and Authorized Spending** (Denomination)					
2011–12		**2012–13**		**2013–14**	
FTEs	**Authorized Spending**	**FTEs**	**Authorized Spending**	**FTEs**	**Authorized Spending**
16	4.3	16	4.3	16	4.3

Note: This reflects authorized spending and staffing levels. Forecasts for 2011-12 and future years will be lower.

Program Activity Expected Results	**Performance Indicators**	**Targets**
Compliance with the AHR Act with a view of protecting the health and safety of Canadians.	Operational guidelines to administer the AHR Act and its associated regulations are well developed and understood and adhered to by the stakeholder community.	Timely and accessible compliance information on the prohibitions of the AHR Act to the stakeholder community as well as increased collaboration and consultation with stakeholders.

		Increased monitoring, assessing and taking corrective action with respect to the prohibitions
	The Compliance and Enforcement framework for assisted human reproduction including complaint management is fully implemented and managed.	100% of complaints assessed and addressed.
	Collaboration with law enforcement authorities and professional bodies in enforcing, as necessary, the prohibitions of the AHR Act.	Increased collaborative initiatives with RCMP and provincial Colleges of Physicians and Surgeons.

Planning Highlights

In order to achieve the expected result, the Agency is focusing on activities that support delivery of its compliance and enforcement mandate with respect to the prohibitions of the AHR Act. This includes:

- Continuing to respond, in a timely and accessible manner, to all allegations of violation of the prohibitions of the AHR Act that are brought to its attention;
- Continuing to monitor compliance through various activities such as monitoring internet/Web sites for sites promoting activities that are in violation of the prohibitions;
- Continuing to interact with provincial Colleges of Physicians and Surgeons and law enforcement authorities to formalize the process for referring to them allegations of violation of the prohibitions of the AHR Act; and
- Increasing the number of communications to relevant parties and public about compliance.

Benefits for Canadians

Promotion and enforcement of the AHR Act's prohibitions will confirm the Government's commitment to ensuring that assisted human reproduction is carried out in Canada within a sound ethical framework that upholds Canadian values.

Program Activity: Knowledge Transfer Program

Program Activity : Knowledge Transfer Program					
Human Resources (FTEs) **and Authorized Spending** (Denomination)					
2011–12		**2012–13**		**2013–14**	
FTEs	**Authorized Spending**	**FTEs**	**Authorized Spending**	**FTEs**	**Authorized Spending**
11	2.6	11	2.6	11	2.6

Note: This reflects authorized spending and staffing levels. Forecasts for 2011-12 and future years will be lower.

Program Activity Expected Results	**Performance Indicators**	**Targets**
AHRC is a centre of expertise on AHR in Canada operating as a single, centralized, integrated, pan-Canadian organization able to build and sustain relationships with stakeholders. AHRC will promote the safest and healthiest technologies for Canadians who will build their families using AHR and increase the application of knowledge for society.	Number of Professional bodies and Patient Organizations in the AHR community engaged with AHRC.	Increase of collaborative initiatives, engagement and partnerships with stakeholders.

Stakeholders are knowledgeable and engaged in AHR issues and activities.	% of stakeholders indicating increased knowledge as a result of participation in meetings/forums/workshops/ symposiums facilitated by AHRC	70 % participation rate.
	# Information/education materials published and disseminated Increased volume of site visits to AHRC Web site.	Five (5) products published and disseminated by AHRC. 20% increase of site visits to AHRC Web site.
	# of collaborative initiatives with stakeholders supported by the Stakeholder Outreach Program and Patients/Clients Outreach Strategy.	Increase of collaborative initiatives and engagement.
Stakeholders are applying evidence-based decision making leading to improved health outcomes.	Tools developed to support evidence-based decision making.	Development and dissemination of tools for decision making.
	% of stakeholders using or applying evidence-based tools generated by AHRC.	60% of stakeholders using or applying tools.
	Multiple births relative to the annual number of AHR procedures in Canada.	Working with the AHR community, decrease the twin rate to 25% in all clinics in Canada by 2012.
The AHR community shares and exchanges best practices related to principles and science for the benefit of Canadians.	Implementation of actions to support a framework to measure AHR-related outcomes for women and children in Canada.	Improved data monitoring and data quality within the AHR community with respect to health and safety of AHR.

	Production of scientific reviews of rapidly changing scientific knowledge in the field of AHR.	Three scientific reviews per annum of innovations and key emerging topics in the field of AHR.
	Production of Horizon Scanning reports on new and upcoming scientific developments in the field of AHR.	Increase in updates on new and upcoming scientific developments supported by the Science Advisory Panel.
Stakeholders are more knowledgeable of AHR options and infertility risks.	Number of educational initiatives, workshops, symposiums, or conferences focused on infertility risk factors facilitated by AHRC.	Facilitation workshops/sessions presenting the CCHS Survey results coordinated by AHRC.
	Number of communication vehicles with the Canadian public on infertility risks and prevalence, including publications, data, and Web material.	Increased communications and awareness of health and safety to the general public.

Planning Highlights

In order to achieve the expected results, AHRC plans to undertake the following activities:

- Continued Horizon Scanning and reviews of the scientific evidence in AHR by the Science Advisory Panel, and increased efforts to convey the expertise of the Science Advisory Panel to the public via the redesigned AHRC Web site.
- Continued facilitation of committees dedicated to updated and improved evidence-based practice of AHR in Canada, including the Healthy Singleton Birth Committee, whose primary goal is to promote healthy singleton births and use of single embryo transfer (eSet) in AHR procedures.
- Implementation of Stakeholder Outreach Program with a focus on the delivery of the Patients/Clients Outreach Strategy to understand their needs and concerns, thus serving as a national centre of expertise for Canadians.

- Analysis and dissemination of the CCHS Infertility module data, the first data gathered on rates of infertility in Canada in almost 20 years. In collaboration with other government departments, agencies and organizations, AHRC will integrate the results into their health promotion and educational activity planning.

Benefits for Canadians

Serving as a national Centre of Expertise, new knowledge generated through research and domestic and international collaborations will be exchanged with policy makers and practitioners to keep professionals and patients apprised of AHR options, the latest scientific developments and ethical considerations associated with them. Moreover, AHRC will keep abreast of research and innovations in AHR to promote the safest and healthiest technologies for Canadians who will build their families using AHR and will increase the application of knowledge for society leading to improved health outcomes.

Furthermore, ongoing education and outreach efforts will also increase awareness among all Canadians of risk factors associated with infertility and mitigation strategies, as well as potential health risks to patients and offspring of various AHR practices and procedures. As the 2010 Speech from the Throne noted, "regardless of profession or trade, of industry or region, Canadians have always striven toward a common objective – to make a home and nurture a family." Canadians who turn to AHR to achieve this objective can rely on accurate, unbiased information relating to assisted reproductive technologies in order to assist them in making informed choices; and they can take comfort that its facilitation of the uptake of best practices by clinics and professional associations across the country can play a critical role in protecting their health – and the health of the Canadian population.

Program Activity: Internal Services

Program Activity: Internal Services					
Human Resources (FTEs) and Authorized Spending (Denomination)					
2011–12		**2012–13**		**2013–14**	
FTEs	**Authorized Spending**	**FTEs**	**Authorized Spending**	**FTEs**	**Authorized Spending**
17	3.7	17	3.7	17	3.7

Note: This reflects authorized spending and staffing levels. Forecasts for 2011-12 and future years will be lower.

Internal Services are groups of related activities and resources that are administered to support the needs of programs and other corporate obligations of an organization. These groups are: Management and Oversight Services; Policy and Planning Services; Board of Directors' Management Services; Legal Services; Human Resources Management Services; Financial Management Services; Information Management Services; Information Technology Services; Real Property Services; Material Services; Acquisition Services; Security; and Other Administrative Services. Internal Services include only those activities and resources that apply across the organization and not to those provided specifically to a program activity.

AHRC, as a small Agency, receives its Internal Services through a combination of Agency-supplied services provided through various Memoranda of Understanding (MOU) with other departments. For example, the Agency maintains a multi-faceted MOU with Health Canada for the provision of operational and corporate support services covering areas such as finance, human resources, security, IM/IT, and material management services in an effort to minimize Agency expenditures while using expert services in Health Canada.

Planning Highlights

AHRC responds to the challenge of providing sustainable Internal Services through its establishment of policies, processes and service delivery in the areas of finance, procurement, human resources, information management (including Access to Information and Privacy), and information technology. Wherever practical, this includes consideration and use of best practice models including alternative service provision methods. The Agency continues to improve its Internal Services performance to ensure delivery of service in a transparent, cost effective, and timely manner.

In the area of human resources, AHRC has integrated its business planning and human resource planning and will continue to integrate its resourcing strategy in accordance with Public Service Commission and other relevant Central Agency policies.

In order to achieve Internal Services objectives, planning highlights include:

- Implementing an integrated management system that covers such areas as human resources, risk management, performance management, and financial management.
- Renegotiating MOU's with service providers to update services as required.
- Acting on feedback from employees related to their satisfaction with the Agency work environment to sustain a workplace of choice.
- Refining the Internal Financial Control Framework to encompass financial management, risk management, financial delegation and contracting.

The highlights of the Internal Services program activity are linked to AHRC's management priorities, which include Internal Management, Human Resources, and Risk Management.

Benefits for Canadians

As a small organization, AHRC receives its internal services through a combination of Agency-supplied corporate services as well as services provided through Memoranda of Understanding with other departments. This efficient use of financial and human resources ensures well-managed government operations and the diligent use of authorized funding. It also allowed the Agency to staff only essential positions, thus diligently reducing costs while ensuring services were provided in accordance with the Agency's objectives and responsibilities.

Section III: Supplementary Information

Financial Highlights

The future-oriented financial highlights presented within the 2011-12 RPP are intended to serve as a general overview of AHRC's financial position and operations. These future-oriented financial highlights are prepared on an accrual basis to strengthen accountability and improve transparency and financial management.

Future-oriented financial statements can be found on AHRC's Web site.

Future-Oriented Financial Statements

Future-oriented Condensed Statement of Operations

For the Year 2011-2012 (Ended March 31, 2012)

($ millions)

	% change	Future-oriented 2011–12
Expenses		10.5
Total Expenses		10.5
Revenues		10.5
Total Revenues		10.5
Net Cost of Operations		10.5

Future-oriented Condensed Statement of Financial Position

For the Year 2011-2012 (Ended March 31, 2012)

($ millions)

	% change	Future-oriented 2011–12
Assets		0.15
Total assets		0.15
Liabilities		(0.3)
Total liabilities		(0.3)
Equity		0.15
Total		0.15